

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/913324** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5	/		/			
6	/		/			
7	/		/			
8	6		/			
9	0		/			
10	0		/			
11	0		/			
12	0		/			
13	/		/			
14	1		/			
15	2		/			
16	2		/			
17	2		/			
18	2		/			
19	2		/			
20	2		/			
21	2		/			
22	2		/			
23	2		/			
24	2		/			
25	2		/			
26	2		/			
27	2		/			
28	2		/			
29	2		/			
30	2		/			
31	/		/			
32	/		/			
33	/		/			
34	/		/			
35	/		/			
36	/		/			
37	/		/			
38	/		/			
39	/		/			
40	/		/			
41	/		/			
42	/		/			
43	/		/			
44	/		/			
45	/		/			
46	/		/			
47	/		/			
48	1		/			
49	1		/			
50	1		/			
TOTAL IND.	9		9			
TOTAL DEP.	22		19			
TOTAL CLAIMS	23	0	19	8		

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/		/			
52	/		/			
53	/		/			
54	/		/			
55	/		/			
56	/		/			
57	/		/			
58	/		/			
59	/		/			
60	/		/			
61	/		/			
62	10		/			
63	10		/			
64	0		/			
65	0		/			
66	17					
67	6		/			
68	1		/			
69	0		/			
70	/		/			
71	/		/			
72	1		/			
73	3		/			
74	3		/			
75	3		/			
76	1		/			
77	1		/			
78	1		/			
79	1		/			
80	1		/			
81	1		/			
82	1		/			
83	1		/			
84	1		/			
85	1		/			
86	1		/			
87	11		/			
88	11		/			
89	0		/			
90	3					
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS